

INSTRUCTIONS

For filling out

LIQUID WASTE TRANSPORTERS

OPERATING PERMIT APPLICATION

1. Name of applicant – fill in name of responsible company official.
2. EPA ID number refers to hazardous waste haulers only.
3. Type of waste refers to septic waste, waste oil, hazardous waste or infectious waste. If you transport hazardous waste, please be specific as to type (example: PCB, used solvents, etc.).
4. Proof of incorporation refers to an official state document giving name of corporation, charter number, date organized and officer of the corporation.
5. Enclose \$200.00 application fee payable to Miami-Dade County.
6. Operating Permit / permit fees and reports
 - a) Permit fees shall be based on the amount of waste transported in a month (see attached fee schedule). Permit fees and reports will be due on the 10th of the following month. Checks should be made payable to Miami-Dade County.
 - b) Monthly reports will be submitted on forms supplied by D.E.R.M. (see enclosed sample). Hazardous Waste Transporters will include a copy of the completed Uniform Hazardous Waste Manifest for all material transported, along with a completed report form showing customer served, addresses, pick-up dates, type of waste hauled, amounts and final destination of said waste. Please note that monthly reports are required to be submitted for each month, even if no waste has been transported.
 - c) This permit will be issued on a yearly basis and must be kept at the business facility. Furthermore, each vehicle permitted will be issued a numbered sticker which shall be displayed at the upper right hand corner of the windshield.
7. Equipment List

Each vehicle used to transport Liquid waste in Dade County must be listed on this form. List tractors and trailers separately, and specify which is which, in order that the proper number of vehicle stickers be sent. These stickers are to be displayed on the upper right (passenger) side of the windshield of the vehicle. In case of changes in the information on the equipment list (example: adding new vehicles, removing vehicles from service), please notify this office in writing.
8. Please remember to sign and date your application, and to include the application fee. If you have any questions, please call Jim Ernst at (305) 372-6820.

Miami-Dade County
Department of Environmental Resources Management
P.O. Box 12378
Miami, FL 33101-2378
Phone: 305.372.6820

OFFICE USE ONLY

Date Submitted: _____
Date Reviewed: _____
Date Approved: _____
of Stickers: _____
Check #: _____
Amount: _____

LIQUID WASTE TRANSPORTER
OPERATING PERMIT APPLICATION

Name of Applicant: _____ Type of Waste Transported: _____

Business Name: _____

Business Mailing Address: _____ Applicant's Phone# _____

Monthly Reports Contact Person: _____ Contact's Phone # _____

Location of Vehicle Storage: _____

If Hazardous Waste Hauler, give EPA I.D. # _____

If Used Oil Hauler, give FDEP I.D. # _____

Business History

Is business a corporation? Yes ☐ No ☐
If yes, submit proof of incorporation.

Operating Permit / Permit Fees and Reports

- A) Permit fees shall be based on the amount of waste transported in a month (see attached fee schedule). Permit fees and reports will be due on the 10th of the following month. Checks should be made payable to "Miami-Dade County".
- B) Monthly reports will be submitted on forms supplied by the Department of Environmental Resources Management (see enclosed sample). Hazardous Waste transporters will include a copy of the completed Uniform Hazardous Waste Manifest for all material transported, along with a completed report form showing customer served, addresses, pick-up dates, type of waste hauled, amounts and final destination of said waste. If no waste is transported in a month, a report must still be generated and submitted stating that no waste was transported.
- C) Said permit for entire business will be issued on a yearly basis and must be kept at the business facility. Furthermore, each vehicle permitted will be issued a numbered sticker which shall be displayed in the upper right hand corner of the windshield.

Equipment List

Complete the attached equipment list and submit along with completed application form. (Include capacity, in gallons, of each vehicle to be permitted).

I hereby certify all information provided to the Department of Environmental Resources Management (DERM) is true, complete and correct, to the best of my knowledge. I agree to use only approved disposal sites for all liquid and/or hazardous waste material transported.

Applicant or Responsible Official

Date



ENVIRONMENTAL RESOURCES MANAGEMENT
POLLUTION CONTROL DIVISION
33 S.W. 2nd AVENUE
SUITE 800
MIAMI, FLORIDA 33130-1540
(305) 372-6817

**LIQUID WASTE TRANSPORTER OPERATING PERMIT
AUTHORIZATION FORM**

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S ADDRESS: _____

TELEPHONE NUMBER: _____

The undersigned owner or authorized representative* of _____
is fully aware that the statements made in this application for an operation permit are true, correct, and
complete to the best of his knowledge and belief. Further, the undersigned agrees to maintain and operate
the Liquid Waste Transporter business in such a manner as to comply with the provisions of Chapter 24,
Miami- Dade County Code, and all the rules and regulations of the department. He/she also understands that
a permit, if granted by the department, will be nontransferable and he will promptly notify the department
upon sale, change of locations, or legal transfer of the permitted company.

*Attach letter of authorization from owner or corporate officer.

Signature, Owner or Authorized Representative
(Notarization is mandatory)

Typed Name and Title

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

MIAMI-DADE COUNTY, FLORIDA



LIQUID WASTE TRANSPORTER PROGRAM
MAILING ADDRESS
P.O. BOX 12374
MIAMI, FL 33101-2378

ENVIRONMENTAL RESOURCES MANAGEMENT
POLLUTION CONTROL DIVISION
33 S.W. 2nd AVENUE
SUITE 800
MIAMI, FLORIDA 33130-1540
(305) 372-6817

COMPANY NAME: _____

LIQUID WASTE TRANSPORTER

EQUIPMENT LIST

Year	Make of Vehicle	License Number	Vehicle Capacity in Gallons	Vehicle Identification Number (VIN#)	Tractor	Trailer	single unit van/pump truck

To request new decals or to inform this office of a change in equipment, please send a fax to 305.372.6982.